2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Schafficate of Status Desired S\$.75 Additional Fee Required Schafficate of Status Desired S\$.75 Additional Fee Required Schafficate of Status Desired S\$.75 Additional Fee Required Status Desired S	DOCUMENT # P99000034680 1. Entity Name PIZZA GIRLS, INC.								Feb 28, 2004 08:00 AM Secretary of State				
WEST PALM BEACH FL. \$3401 WEST PALM BEACH FL. \$3402 2. Principal Flace of Businose Suite, Apl #, etc Cry & State C	Principal Place of Business Mailing Address												
Suite, Apt 8; etc. Suite, Apt 8; etc. Suite, Apt 8; etc. MOORE CR22034 (11/03) City 8 State City 8 State 4. FCI Humber 65-0930525 Aptited For Fox Applied Fox								•					
City & State City & State City & State Country Countr	2. Principal Place of Business 3. Mailing Address							и.					
2p Country Zip Country Zip Country S. Confictation of Status Desired S. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	Suite, Apt	#, etc		Suit	Suite, Apt. #, etc.					MOORE CR2EG	034 (11/03)		
6. Name and Address of Current Registered Agent MORALES, JENNIFER L 8082 NASHVA DR PALM BEACH GARDENS FL 33418 City FL Zip Code 8. The above named existy submits this statement for the purpose of changing its registered dipen or registered agent, or both, in the State of Ponda. I am familiar with, and accept the noting and accept the noting and accept the noting and accept the name of the purpose of changing its registered dipen or registered agent, or both, in the State of Ponda. I am familiar with, and accept the noting and accept the name of the purpose of changing its registered dipen or registered agent, or both, in the State of Ponda. I am familiar with, and accept the name of P	City & Stat	te		City	City & State				4. F	El Number 65-0930525		Applied For Not Applicable	
MORALES, JENNIFER L 8082 NASHWA DR PALM BEACH GARDENS FL 33418 City FL Zip Code	Zip	Zip Country			Zip		Country		5. C	Certificate of Status Desired			
MORALES, JENNIFER L 8082 NASHWA DR PALM BEACH GARDENS FL 33418 City FL Zip Code		6. Name	and Address of Cu	rrent Registere	d Agent		Nome		7. N	ame and Address of New Register	ed Agent	, , <u>, , , , , , , , , , , , , , , , , </u>	
B. The above named entity submits this statement for the purpose of changing its registanced office or registanced or registanced office or registanced or registanced or registanced or registanced office or registanced o	8082 NASHVA DR												
THE NOV!!! FEE IS \$150.00 Alter May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		.*					City				Zip Co	ode	
FILE NOW!! FEE IS \$150.00 Alter May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MARK MORALES, JENNIFER SIRET ADDRESS ROBE NASHUA DR SIRET ADDRESS SIRE	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE DPS INTER ADDESS BORZ NASHUA DR ITIE DPS ITIE DEBE A ITIE DPS ITIE DP													
TITLE DPS	After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.												
MORALES, JENNIFER SITET ADDRESS BOSE NASHUA DR UTILE DPS MAKE STREET ADDRESS TREET ADDRESS THE MAKE STREET ADDRESS TREET ADDRESS	10.		OFFICERS	AND DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
NAME STREET ADDRESS GITY-ST-ZP PALM BEACH GARDENS FL 33418 TITLE MAME STREET ADDRESS GITY-ST-ZP TITLE MAME STREET ADDRESS	NAME STREET ADDRESS	AME MORALES, JENNIFER TREET ADDRESS 8082 NASHUA DR									☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP T	NAME STREET ADDRESS	RECHSEIT 8082 NASI	HUA DR	20418	☐ Delete	nam Stri	EET ADDRESS			U00000071228	}	-· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS	PALM BEA	CH GANDLING I E	55410	☐ Delete	TITL NAM STRI	E ME FET ADDRESS			00000 00000		· — — /	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM STRE	E DE EET ADDRESS		_		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS				☐ Delete	NAM STRE	IE CET ADDRESS				☐ Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath; that had officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP					NAM STRE CITY	EET ADDRESS '- ST- ZIP		-			<u> </u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Finne 8	indicated of the cor changed	er or director or Block 11 if											

THE FD